



Pawnbroker Application



(Please Print)

Name _____ E-mail address ** _____

Home Address _____ City _____

State _____ Zip Code _____ Home Phone # _____

SSN# _____ DOB _____ Sex _____ POB _____

Name of Business _____

Address _____ Phone _____

Owner of Business YES ☐ NO ☐ * If Not Please List Supervisor _____

Itinerant Dealer? YES ☐ NO ☐ * If Yes, Location _____ Dates _____

Have you ever been convicted of a criminal offense? YES ☐ NO ☐

If yes, list all Charges below:

Date _____ Charge _____ Court _____

List last two places of employment:

Employer _____ Dates: _____ to _____

Address _____ Supervisor _____ Phone _____

Employer _____ Dates: _____ to _____

Address _____ Supervisor _____ Phone _____

I HEREBY AFFIRM THAT I HAVE PERSONALLY FILLED OUT THIS APPLICATION FOR A PRECIOUS METAL DEALER'S PERMIT, THAT THE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I HAVE NOT KNOWINGLY WITHHELD ANY FACTS OR CIRCUMSTANCES THAT WOULD, IF DISCLOSED, AFFECT MY APPLICATION UNFAVORABLY.

I GIVE THE FALLS CHURCH POLICE DEPARTMENT THE RIGHT TO CHECK WITH FORMER EMPLOYERS AND TO SECURE ANY ADDITIONAL INFORMATION FROM ANY SOURCE, IF NECESSARY.

(DATE)

(SIGNATURE)

** e-mail address is for the renewal process only